

ORAL HYGIENE

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As It Was—and Is

ANCIENT operative dentistry placed its reliance on gold. MODERN operative dentistry has found nothing to displace it.

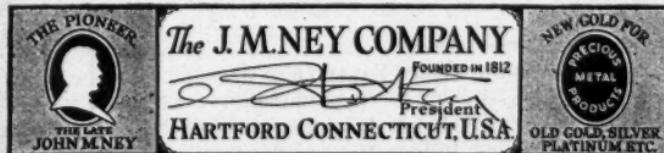
Therefore, dentistry has a tremendous stake in the nature and character of its precious metals.

It also has a tremendous stake in the nature and character of the firms making such supplies.

Modern manufacture has developed a variety of golds and gold alloys with physical properties to meet a variety of requirements.

The character of dentistry is, in a measure, governed by the character of its basic materials.

Individual reputations rest on the same basis.



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Fillings



THE product of caries or tooth decay is holes in the teeth; cavities they are called. The treatment is filling the decayed tooth. All of the decay must be removed, and the enamel and dentine must be cut back far enough to reach healthy tooth structure. Then the cavity is given the proper shape to hold the filling and also to allow the remaining portion of the tooth to stand the strain of mastication without injury to the tooth or the filling.

Putting a good filling in a tooth is a very skillful and a very difficult piece of work.

You must take better care of a filled tooth than you did of that same tooth before it was filled. All of the dentists in the world couldn't put in one-tenth of the fillings that are needed in America.

Take care of your fillings so that you will get the best results from them and so that you will not waste the valuable labor and materials that have made it possible for you to save your teeth.

No. 11. Of a series of health talks, the text of which is sponsored by the National Dental Association.

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DENTAL WELFARE FOUNDATION
Pittsburgh, U.S.A.

This card, which calls attention to the value of a good filling in the mouth of its possessor, is being mailed by the Dental Welfare Foundation to 450,662 families. The card is the eleventh of a series of twelve printed and mailed by the Foundation for the benefit of humanity and the advancement of dentistry.

Denture Information

A Symposium

By HARRY J. HORNER, D. D. S., W. J. HOLROYD, D. D. S.,
CLINTON T. McCHESNEY, D. D. S., Pittsburgh, Pa.

To the patient whose natural teeth are gone, the placing of a denture is one of the important events in life.

The restoration of any portion of the human body is primitive in comparison with the present achievements in restoring lost teeth.

Artificial teeth at best are not natural teeth. Consequently there are many points upon which information concerning artificial teeth should be conveyed to the patient.

The custom of spending hours each week delivering extemporary lectures to each patient is burdensome and unsatisfactory. The most obvious way to distribute necessary and standardized information would be through the printed page.

Here comes the objection to the distribution of printed matter. Our ethics do oppose the use of printed matter that is misleading, untrue, boastful or that, in any way, reflects upon a fellow practitioner.

This "Denture Information," which has been prepared by Doctors Horner, Holroyd and McChesney to help the patient to understand the use and limitations of artificial teeth, is the result of years of experience and study. In every way it conforms to the ethics of dentistry.

After reading the story the editor of ORAL HYGIENE insisted that it be published. If any member of the profession desires to take issue, the pages of this journal are open to him.

Editor, ORAL HYGIENE.


OR the benefit of those who must wear Artificial Dentures, and understanding that many wrong ideas have been accepted in the past, the information in this article has been compiled and approved.

It is so condensed and important, and represents the experience of so many dentists, and thousands of patients, that

the patient is recommended to read it several times. It will explain most of the difficulties, that will be experienced by denture patients, and answer many of their questions.

It is sometimes embarrassing to hear the terms "false teeth,"—"plates"—"storeteeth," etc., used in reference to dentures.

A denture is an upper or a lower artificial substitute for natural teeth.

An upper and a lower restoration should be referred to as two dentures, and not as a "set of teeth."

Description of mouths. Explanation of shrinkage.

A "green" mouth is one from which teeth have recently been extracted, and the shrinking process and tissue changes are not yet completed.

It takes one year before 80% of this shrinking and tissue change takes place and the other 20% continues throughout life.

There is no such thing as a "temporary denture" or a "permanent denture."

The denture, due to the materials from which it is made, does not change. Why?

Because, the tissues in the mouth are constantly shrinking, making mouth conditions temporary, and not the dentures.

The degree of permanency depends entirely upon the extent and rapidity of the shrinking process in the mouth, and,

This shrinking is neither under the control of the patient nor the dentist, but is one of Nature's processes.

No one can pre-determine the extent or rapidity of this shrinking process, as it is more rapid in some patients than others, particularly in pyorrhea cases, hence it is never possible to state *definitely* how long a denture can be worn.

When the tissues shrink, the dentures get loose.

The Tissues Change and the Dentures do not

Note carefully. The dentures do not expand. The gums shrink. This will explain what is so difficult for the patient to understand, when dentures become loose after a while.

Dr. L. P. Haskell, of Chicago, at the age of 82 years, wrote, "After 50 years of personal experience and observation of patients, I have come to the conclusion that there is no such thing as a permanent mouth." Dr. Haskell was one of the best known international denture specialists of his time.

Former Customs and Present Methods

Many years ago, it was the custom to have the patient wait from six to eight months, after the extraction of the teeth, before the dentures were made.

The latest scientific research has proven this custom to be wrong, because by waiting such a long time, the patient has lost the facial expression, lost the ability to chew food, the cheeks fall in, the tongue thickens, and the muscles of mastication lose their power, and it is also possible for the hearing to become impaired.

The advantages of immediate insertion of dentures, after extraction, are:—it saves the patient the embarrassment of appearing without teeth, the facial expression is less likely to be lost, it retains the proper distance between the nose and chin, it enables the patient to

continue using more or less solid food, the cheeks do not fall in, the muscles of mastication do not lose their power, and there is no danger of loss of hearing.

Patience, Perseverance and Co-operation

It is conceded by the best authorities, that the substitution of artificial teeth for natural teeth is the most difficult and trying dental experience, which anyone undergoes, both for the dentist and the patient.

No other dental operation requires such a degree of faithful co-operation between the patient and the dentist, as success without this co-operation is rarely attained. This point is extremely vital and *must not be forgotten*.

When wearing new dentures, your first sensation will be that of bulk. It is a fact that the tissues of the mouth, upon the insertion of the dentures, recognize foreign bodies, and naturally try to expel them. Upon persistent and continued effort, on the part of the patient, these tissues will gradually learn to tolerate them, and more than that, will reverse their action and help to retain them.

The process of eating and speaking will present unforeseen difficulties. These unusual sensations soon diminish, and if you show perseverance in mastering them, will soon disappear.

Dr. G. W. Clapp and Dr. R. W. Tench, of New York, in their research work state:—

"Patients should be informed that a variable period of time must elapse before the muscles of the oral cavity can become adapted to the form of the dentures. During this time of adjustment, more or less difficulty will be experienced, both in mastication and speech. The length of period of adjustment will vary approximately from two weeks to three months. The period will be longer for nervous and self-conscious persons than for others, and will also depend upon the ease with which a patient finds it possible to adapt himself to new circumstances."

In many cases it has been found that dentures cause irritation and soreness. (This is true of patients who have worn dentures for sometime, as well as patients who are just beginning.)

If your dentures cause soreness this does not indicate that the dentures do not fit properly but merely that there is too much pressure at that one spot, which can be relieved by filing and polishing. *Almost* all new dentures have to be relieved in this way, more or less.

Return for Adjustments

Do not compare your dentures with the natural teeth you have lost.

Had you been able to save your natural teeth, dentures would not have been necessary.

The *fair* comparison, which should be made, is between an empty mouth and the *best* denture restoration.

Remember, it took Nature two and one-half years to grow twenty temporary teeth, with more or less pain and inconvenience, and seven years to grow twenty-eight permanent teeth. The dentist must put in twenty-eight artificial teeth or dentures in a few minutes. Just compare Nature's way with the artificial substitute.

Every patient brings three things with him which are essential to the successful wearing of dentures.

1st. The natural desire to look like other normal folks.

2nd. The realization that to maintain health, it is necessary to masticate food.

3rd. The wonderful toleration of the human body for foreign bodies.

If these facts are remembered it will be a great help.

New Habits must be Formed

Dentures are not used in the same way as natural teeth, and the patient must acquire experience in using them, just as you must learn to ride a bicycle or play a piano, skate, cook or sew.

Some patients do not learn as readily as others, for the same reason that all persons do not learn to do these things.

It has been scientifically determined that the crushing and masticating force possible to exert with artificial dentures is only one-tenth of that obtainable with natural teeth. In other words, the natural teeth are ten times more efficient than the best artificial

teeth, for crushing—how about masticating?

In the first attempts to masticate, the food should be taken into the mouth in very small portions, and slowly chewed. When the patient has become so accustomed to the dentures as to be unconscious of their presence, normal bites can be taken and masticated.

Individual mouth conditions, state of general health age and adaptability to new conditions, will have influence on the time necessary for the patient become to accustomed to new conditions in the mouth.

Some patients, with a nervous temperament, have a tendency to acquire habits which are detrimental to the successful wearing of dentures. These habits are easily acquired and are very difficult to break.

One of these habits is to constantly dislodge the denture by the action of the lips, and tongue, instead of holding them in place.

Lower Dentures

The lower denture causes more trouble and is more difficult to learn to use than the upper. A few of the reasons are:

The lower jaw is constantly moving during mastication, hence, the foundation on which the lower denture rests is less secure.

The curved or horseshoe shape of the lower jaw is a less secure foundation than the upper jaw.

The floor or inner portion

of the lower mouth is composed of soft tissues, and the tongue is attached in the center and all along the edge of these soft tissues.

The movement of the tongue in mastication and speech has a tendency to dislodge the lower denture.

On the outer rim of the horseshoe shaped lower jaw are attached the lip and cheek muscles. The action of these muscles, in the jaw movements, also have a tendency to dislodge the dentures.

Care of Dentures

Dentures, in use, should receive the same care as natural teeth.

The following should be avoided:

- Biting thread.
- Biting hard candy.
- Cracking nuts.
- Untying knots, etc.

Your dentures should be kept scrupulously clean. They should be carefully and thoroughly brushed with a stiff brush, after each meal, if practicable, and upon retiring at night. Always use cold water. Hot water should never be used. It warps them. Bicarbonate of soda (baking soda) will aid in cleaning them. A small hand scrub brush should be used to clean the dentures.

The porcelain, of which teeth are composed, is practically the same as that from which dishes are made, and is easily broken. The manufacturers do not guarantee against break-

age to us, and we cannot guarantee against breakage to the patient.

The rubber, of which the denture is made, is the same as in combs, records, fountain pens, etc., and is equally breakable.

Therefore, in brushing, the denture should be held close to the bottom of the vessel in which it is cleaned, and in which, a towel should be placed.

If dentures are broken, satisfactory repairs can usually be made.

Before Extraction

If possible, a patient, intending to have teeth removed for dentures, should visit the dentist, who is to make them, BEFORE the teeth are extracted. The dentist can take measurements, make models and observations, which will be a material aid in retaining normal, facial dimension as it is easier to retain natural expression than to try to restore it, when lost.

The dentist is as much interested in your success as you are, and, while all patients cannot expect to have equal results, he will do his best to give the best results possible, with the mouth conditions as he finds them. Your persistence is as necessary as his skill.

Conclusion

The conscientious operator is always interested in the success of the case, but spe-

cialization is only half, co-operation supplies the other half.

Specialization, plus Co-operation, means success.

Contrast and Comparison

Artificial substitutes. Eye.
Hand. Foot.
Foods.
Do not expect 100%

Dental Work Increases; Forebears Ate Coarser Food; Had Better Teeth

From the New York *Times*:

Dental Campaigns are being made by so many organizations educational, medical and otherwise, that one would be warranted in believing that the dentists are suffering from a serious lack of business. But the opposite is the fact, according to authorities. The fact is, there has been a rapid increase in the actual amount of dental work done, as well as development in the art and science of dentistry itself.

The educational campaigns have literally set millions of tooth brushes to work, aided and abetted by the everywhere prominent dentifrice advertisement, but, even so, the dentist has not lost his job. The general softness of civilization, with its softer food, does not give the teeth the virility enjoyed by our forebears. From early childhood their appetites were satisfied by coarser foods, the teeth got regular and vigorous exercise, and they were, to a certain extent, anyhow, automatically kept clean. Dental experts say that our modern diet does not include enough of such coarse food. Therefore, the greater present-day tendency to tooth decay.

Also, once convinced of the value of good teeth, and of the role played by the dentist, the modern individual decides to take better care of those with which nature has endowed him. He gives the dentist a chance to inspect them at least once a year, on the theory that it is best to catch one's cavities while they are small. Careful people make these periodical visits of inspection at least four times a year, which would have been a matter of surprise to their grand-parents. In fact, most of the development of the interested, appears to have taken place within the last hundred years. And between the attitude toward the teeth which is found today and that which existed three hundred years ago is an enormous chasm.

Some Points to be Considered in Constructing Full Dentures

By JOHN CALLAWAY HOUCHINS, D. D. S., Northfork, West Virginia.

THE more we study the masticatory apparatus and its normal and abnormal movements while in act of mastication, the more we are impressed with its complicated mechanism.

The relation of the occlusal planes of the teeth of the mandible with those of the maxilla, and the consideration of the muscle movement and activity of the temporo-mandibular joint when in normal relation are comparatively simple when compared with that of the abnormal conditions which I shall describe.

When normal relations of the masticatory organs coincide with the normal relations with the muscles of mastication, we have a simple form of denture construction, which gives the feeling of assurance that a high degree of efficiency and satisfaction can be attained.

But it is the abnormal relations of these conditions which make things difficult for the operator in charge, also difficult for the patient to understand just why his case is so much more

complicated than that of his friend Bill Jones.

I have had dentists tell me that it was a matter left entirely to the dentist as to the conditions which entered into the making and construction of dentures, bridges, etc., but I find it always best to make a friend of my patient and explain things in detail that he may be better informed, and appreciate my position along with his misfortune.

In long-standing edentulous jaws, the relation of the condyles and the articulation are greatly changed, and the muscle activity is impaired.

Cases often present themselves where the bicuspids and molars are missing from the lower arch on one side only, which has greatly changed the muscular development and caused atrophy in the regions of the condyles.

We often find a full arch above, and in the same mouth find only the six anterior

teeth remaining below—which brings to the individual the acquired habit of protruding the jaw, or mandible—here again we have another change of muscular activity along with the

When it is difficult for the patient to understand just why his case is so much more complicated than that of his friend Bill Jones.

atrophy of the mandible in the region of the condyles.

In the atrophy of the mandible in cases where the posterior teeth are missing and the continued strain is brought to bear on the incisor teeth, this condition no doubt will confine the motion and movements of the mandible to the condyles in a protruded position, and along with this present state the incisor teeth are worn down, thereby permitting a further protrusion of the mandible.

This brings into play the greatest possible amount of strain in the temporo-mandibular joint which would cause the displacement of the condyles in a position posterior to the normal or true position of their articulations with the eminentia articularis, thereby forcing the muscles of these regions to adapt themselves to new conditions of activity.

However, it is impossible to establish the original or normal relations of occlusion, as not only the satisfactory occluding and articulating planes are to be conformed, but the aggravated conditions of the abnormally strained muscles are to be satisfied.

In constructing either single or full dentures above and below, I find that the grinding of the teeth and waxing in at the chair is the best possible means of getting at these conditions of which I have just made mention.

I shall attempt to give you a method of impression taking, which I have found to be

very accurate, along with a method of setting up the teeth in the mouth while in the wax.

This is not entirely new, but efficient, and you will find it to be very satisfactory for the cases this paper is intended to cover. I shall head it:

Impression Taking and a Highly Efficient Restoration of an Edentulous Mouth by Means of Artificial Dentures

Much has been said about the taking of impressions, that is, enough that seemingly there should be no difficulty in taking an impression,—that there should be no doubt of obtaining the desired results. This method is simple, yet very accurate if followed as outlined below. In order to make myself clearly understood, I have arranged this method of impression taking into six different steps, as follows:

1st. The Surgical Preparation of the Mouth

Freeing the mouth from pathological conditions requires careful consideration, in which connection should be included the study of the bony surfaces and the soft areas.

This brings us to the construction of study models of the particular case, thereby furnishing the proper diagnosis from which the dentist may be better able to choose the best method of procedure, while at the same time this

extra work which is required to produce the study models brings assurance to the patient that the dentist is giving his case the greatest consideration, and thereby the immediate confidence of the patient is established.

This sitting is the proper time to make a digital examination of the patient's mouth, locating and diagramming the different hard and soft areas with the bony structures and muscle attachments.

The surgical preparation might comprise the removal of prominent tubercles and bony prominences, with the clipping of the tightly drawn muscles on the buccal surfaces, which are oftentimes of much prominence in an edentulous mouth, from which the teeth have long been removed, and in which the patient has never worn a plate—which, of course, permits of more absorption of the process, but, lessens the tension of the muscles, when clipped, and adds to the retention of the dentures.

2nd. The Selection of the Tray

This has much bearing on the patient—towards obtaining his co-operation through the procedure of taking of impressions—that is, removing the trays (if metal be used) from the sterilizer, chilling them in view of the patient, saving him asking many questions which take time to answer, etc.—such questions as "Oh! Doctor, what are you going to do with all of that?"

and "Do you have to put all of that stuff in my mouth?" These questions are usually asked about the time that every second counts, and we have to stop and explain so-and-so before we can proceed with the impression.

3rd. The Materials to be Used

The materials used in this method are modeling compound and plaster of paris. The compound may be either Kerr's, S. S. White's, or any good compound.

I find that Kerr's is very near an ideal compound for this particular work, as it has the quality of hardening quickly, thus avoiding nausea.

Heat the compound (preferably dry heat) to a temperature which will allow ease of manipulation.

This desired degree of heat may be obtained easily by heating over a flame, working all the while with the fingers, having a convenient vessel of water that the fingers may be immersed often to prevent the sticking of the compound to the fingers.

While the tray is still warm, place the compound in it in suitable form, and gently insert into the mouth in the usual manner, all the time moving the tray about in the mouth so that ease of removal can be assured, and at the same time allow space between the compound and the tissue for a thin film of plaster of paris, whereas at this time acquiring the correct shaped

tray for this individual case.

After removing from the mouth, chill compound thoroughly so that there may be no distortion.

The individual tray chosen must possess the following features: the borders or lines of the tray, if an upper, must adapt perfectly to the buccal and labial surfaces of the maxilla ridge, thereby obtaining a greater area for adhesion, so long as the muscle attachments are not interfered with. It must also be of correct length, so that it does not extend far enough posteriorly to infringe on the rights or the movement of the soft tissue of the pharyngeal muscles.

During the operation, to prevent choking and gagging of the patient from the mushy excess of plaster on the posterior surface of soft tissue, it will be found that the mouth mirror is an ideal instrument to hook the excess forward to easy access of removal from the mouth. All the foregoing rules will as well apply to the lower jaw, in the same method, while observing the attachments of the mylohyoid muscle with the external oblique ridges of same.

In finishing this article I shall attempt to outline a method which will prove to be satisfactory and efficient, doing away with much non-essential and theoretical work, such as the use of the face bow and measures relative to the hypothetical triangles, also the right and left measurements of

the head of the condyles relative to the glenoid fossae.

However, I am not condemning the high efficiency which may be and is obtained from the use of different articulators. Personally, I have used Gysi adaptable articulators, also the Simplex and others, and with the face bow the undisputed measurements may be obtained approximately thereby giving a favorable and a most efficient result.

My contentions are that a high and as efficient a result may as well be obtained by grinding the cusps of the teeth to proper relation of the jaws in occlusion with lateral and protrusion movements of the mandible, as the occlusion of the cusps govern the plane entirely.

However, as above stated, I believe that the angles and measurements to and from different points are more theoretical than practical, although some of these contentions have been worked out to a satisfactory result.

Note, I am saying that the highest and most efficient result may as well be obtained by a much shorter method, doing away with much non-essential work.

The following method of constructing these dentures is of the simplest character: After the base plates are made, trimmed and fitted to the ridges, build them up with rigid or hard wax, that they may be used for bite plates later. Then place the two bite plates in the mouth,

trimming them to an occlusal plane, while in the mouth, and at this relation of an occlusal plane, heat a spatula and seal plates tightly together, remove same from the mouth and place them on their respective casts and attach them to an articulator—preferably a New Century—setting angles at this time.

Next, removing from casts and placing only the upper bite plate into position, from which the medium and lip lines are marked, at this time removing the upper bite plate from the mouth, and with an instrument, preferably a hot spatula, trim away enough of the anterior or labial portion of the wax to allow the setting in of the six anterior teeth, then insert in the mouth again, at this time correcting the position of the six teeth to the proper relation of the lips, making correct facial symmetry. While the upper remains in the mouth, the lower is placed into position; as with the upper, the wax from the anterior or labial portion is removed, and likewise the six anterior teeth are placed onto their relative position and with proper relation to the uppers.

At this time a hot instrument is used to seal the bite plates together in their set relations, then they are removed and placed on the casts previously arranged on the articulator mentioned, where the temporary grinding of the posterior teeth and setting in the wax is done after which

another try-in is given to make sure that the acquired relations have been established for the lateral and protusion movements, and the final corrections are made for cusp articulation.

4th. Shaping of the Tray

Before the final impression is taken from this individual tray of compound, remove a portion of the palatable area that there may be obtained a space for the body of the plaster of paris which may be used later.

5th. Swabbing the Mouth

It will be found, if tried, that by swabbing the gums, undercuts, etc., with a solution of rose-water and glycerine, the removal of the final impression will be easier and of much less pain to the patient. Naturally the glycerine would do the above but the rose-water makes it more palatable for the patient.

6th. The Finished Impression

Now the ready mixing of the plaster of paris, in the usual manner, placing same in the tray and applying in the mouth in the usual manner, using the index finger to elevate the buccal and labial muscles so that the plaster may adapt itself to the surfaces, then allowing the muscles to fall back into position, instructing the patient to draw tightly the muscles of these regions, whereby the plaster is then brought to perfect adaptation under this pressure.

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Major Sir A. Charles Valadier, D.D.S., M.D., K.B.E., C.M.G., St. J. & J., Croix de Guerre, Legion de Honneur, Chief Maxillo-Facial Surgeon and Dental Surgeon of the British Expeditionary Forces in France.



Courtesy of Claudio Ash & Sons Co.

The London Dentist

There was an old lady named Baker
Whose tooth was a terrible acher
When good Dr. Skinner
Located the sinner
The old lady said "you just takeher."

The coon and the cat and Miss Mary
Assisted by a pet canary
In an old fashioned room
Watched the tooth meet its doom
Which happens when teeth are contrary.

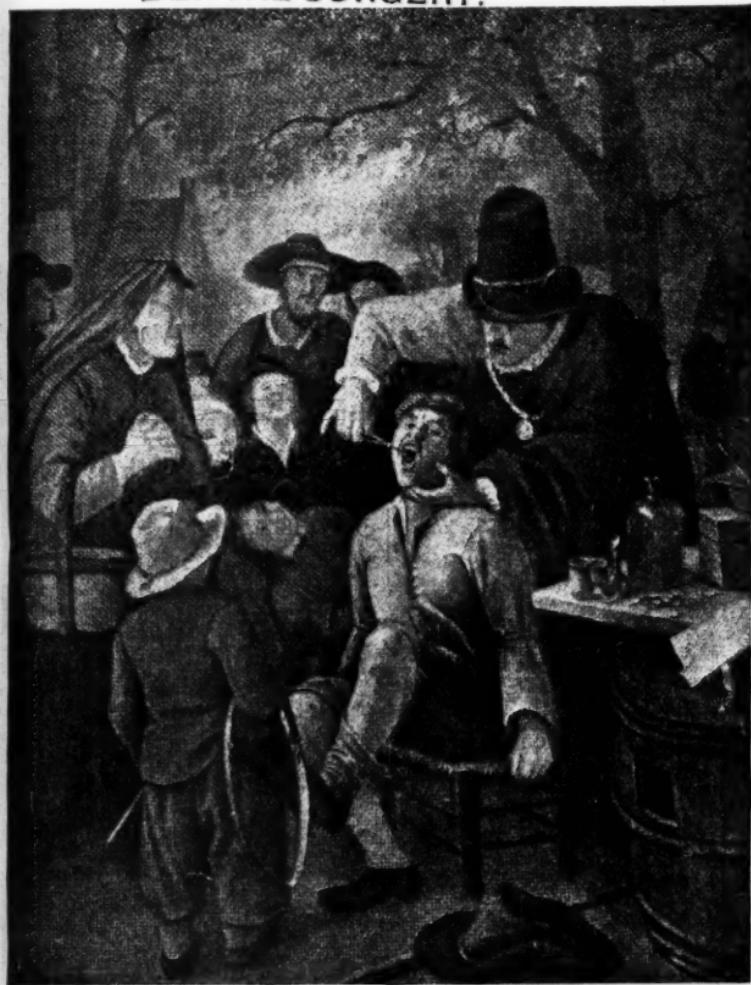
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—OF—
DENTAL SURGERY.



The Dentist

By Jean Havicksz Steen (Royal Museum of The Hague) (Loaned by courtesy of Diehl, Dental Surgeon at Ghent)

Steen (Jean Havicksz) born at Leyden 1626, died in 1679. Noted painter of the Flemish school, pupil of Brouwer, reproductions of whose interesting pictures about dentists we have already shown and will continue to show.

Steen was accustomed to working only "when the law of necessity urged him,"—he having inherited a brewery; he was soon ruined. He became a wine seller and was the greatest consumer of his own stock, painting only when his merchandise was exhausted. One can scarcely understand how an artist always sunk in drunkenness could have recorded with such marvelous observation and accuracy.

The crowd influenced by the laughing youngsters, is delighted with the skill of the man in the extraordinary costume. Only one woman seems to have any pity for the victim. What odd forceps are being used. Either the tooth is not holding or else the doubtful artistry of the dentist is a matter for conjecture.

Le Semaine Dentaire



A Dentist and a Young Lad

By G. Dou (Dresden)

Gerard Dou (Leyden 1613-1675) has completely succeeded in depicting Dentists (we have already given, in No. 32 of the Dental Weekly, August 6, 1921, a reproduction of a picture in the Louvre on the same subject).

By means of a device dear to this artist, the figures are in a window. The young lad has endured an extraction performed only with great effort. The surgeon is displaying both the tooth and his own skill; the bowl is ready to catch the blood. Through the casement can be seen an array of jars and hung up is a stuffed crocodile usually to be found in the haunts of the scientific.

The picture is signed with a wax seal on parchment, hung from the sill of the casement. G. Dou 1672.

Le Semaine Dentaire

Dental Subsidy

By ROBERT R. LUCE, D. D. S., Dental Surgeon, U. S. P. H. S.

LHE great Republic of China, though shrouded in ignorance and superstition, has forged preeminently to the front in her effort to subsidize the health of her millions of peoples who live under circumstances and in conditions that do not tend to produce a healthy nation. China, judged by the standards of modern civilization as dimmed and unchanged thru centuries, has adopted a system unparalleled by any nation. The Chinese do not pay physicians to restore them to health when sickness and disease overtake them, but compensate the healer to keep them in good health. When the Chinaman is sick his physician is in disrepute.

In the United States, where a wealth of material lies all about, nothing has been accomplished along the line of organized dental hygiene except in isolated instances. A few dental clinics for the care of the teeth of little sufferers whom circumstance has not plentifully endowed with this world's goods have been established in some of the larger cities through the generosity of men who have the health of our children in mind. These philanthropists are laying the foundation for a general subsidy of the health of future generations.

Can anyone question the benefits derived by a city when one watches carefully the health of children who, when they first present themselves at a dental infirmary are suffering from all manner of diseased conditions, directly or indirectly due to dental pathology, and then a few months later see the same children with oral conditions repaired restored to health and happiness—laughing and romping in our parks and playgrounds? These children are the future bulwark of our national defense. Thousands of little feet falter along Life's Highway because of the lack of dental attention between the ages of six and ten years. What is the use of repairing a building when the foundations are weak? Can there be any hope of building a strong civilization when its component parts are below standard? Do we not owe these children the benefits to be derived from early care of the teeth? Without a doubt in your minds you answer in the affirmative. Let us consider, therefore, how best to bring this about.

The parents of the children must be brought to appreciate the benefits of a clean mouth that they may accept the opportunities which you are going to be asked to help establish. It must be done by

education, as compulsion will not give results.

This education should be widely disseminated. In a meager way it can be given thru unorganized and untrained sources. Individual efforts, while they may be praiseworthy and often productive of much good, inevitably lead to confusion. This is costly and unsatisfactory. Only a concerted and well organized nationwide drive will reap the desired result. There should be an organization formed to compile essential dental data with special emphasis on oral hygiene and to disseminate this information to the people. Doctor Osler says: "In the whole range of hygiene, there is nothing more important than dental hygiene."

The need for services of this character should be easily appreciated. It has been taken into consideration in a bill which has been presented to your representatives in Congress to include among the personnel of the Public Health Service a certain number of dentists. (House Bill HR-9775 and Senate Bill S-2764) Their functions as part of the federal public health activities should be important. Among their duties would be:

1. The education of the people in dental hygiene as in other public health matters. In cooperation with state and local health authorities and in the pursuance of such work as rural hygiene, child hygiene, and industrial hygiene many clinics should be established

where the confidence of the child may be gained and treatment rendered. The little patients may be instructed in the value of a healthy mouth. A child between the ages of six and ten years is most willing to receive such knowledge. The habit of oral cleanliness sinks deeply and the seed thus sown is bound to yield a harvest of good results.

2. To interest managers of large corporations and to show them the economic value of conserving the health of employees. As the child grows older he enters the marts of trade. Here again an opportunity to further provide for the welfare of the people is presented. The owners and trustees of corporations must be shown the value of establishing clinics within the walls of their stores and factories. The loss of time thru dental disabilities is enormous to employers because of the absence from work of trained labor. Often a few moments spent in the clinic will so alleviate the pain of a diseased tooth that the sufferer is able to remain at his task instead of leaving his bench or machine and going home for the day. United States Public Health Service dental officers will be able to show a corporation not only the economic value of a dental infirmary but also how most effectively and efficiently to install and function the infirmary to its particular need.

3. To aid the profession in experimental work along the lines of new mechanical devices

and medicinal preparations, and to publish their findings. The busy dentist engaged in private practice has not the time nor facilities to enter into a large amount of personal investigation. He must accept the scattered work of a few who are giving up part of their time to this work. How much money could be saved and how much better results obtained if reports of careful study of instruments and drugs were obtainable. Members of the profession can tell of numerous mechanical devices, more or less costly, which have been thrust on the market, proven faulty, and gradually disappeared as of no value. Many

useless drugs have been exploited for the cure of this or that disease finally to be relegated to the shelves of our laboratories.

What the experts in the Department of Agriculture are doing for the farmer, what the Weather Bureau is doing for the sailor, this new dental organization desires to do for the people of the country at large. They wish to bring to your homes, your factories, and your hospitals the best in modern dentistry. Will you support this bill now before Congress and help to establish this Dental Public Health Organization—a Dental Subsidy?

4th Annual Meeting American Academy App. D. S.

ORAL HYGIENE,
212 Jenkins Bldg.,
Pittsburgh, Pa.

Sept. 2, 1922.

GENTLEMEN:

Will you kindly publish the following notice in your next issue.

THE NOTICE:

The Fourth Annual Meeting of The American Academy of applied dental science will be held at Miami, Florida, January 8, 9, 10 and 11, 1923.

All ethical students of progress in both the medical and dental professions are invited to take this short course in Orology-H Health Dentistry. Papers, clinics and some educational classes free.

For information write Convention Headquarters American Academy of Applied Dental Science, Congress Building, Miami, Florida, or Chamber Commerce, Miami, Florida.

DR. H. L. MADISON, *Cor. Sec'y,*
Burlington, Ia.

Thanking you, I remain,

Very truly yours,
H. L. MADISON, D. D. S.

What the Placards Said

In the September issue of ORAL HYGIENE there appeared half-tone plates showing the essential features of The Dental Public Health Exhibit at the Los Angeles meeting of the N. D. A.

So many requests for the texts have come in that we are publishing the complete text as deciphered from the pictures.

Editor, ORAL HYGIENE

Page 1315

Prenatal No. 1

The digestive disturbances of pregnancy may result in injury to the teeth through lowered vitality.

The fallacy "Every child costs a tooth" is no doubt due to this rather than the old belief of the lime salts being diverted from the Mother's teeth to form the child's bones.

Toothache, decay, gingivitis, and pyorrhea are frequently associated with pregnancy.

- A—The prospective Mother should visit her dentist frequently.
- B—Any dental work needed should be done at once.
- C—Dental sittings are not harmful.
- D—Infections are often caused by abscessed teeth.
- E—Abscessed teeth are usually the result of neglect.

No. 2

ROUTINE CARE

- A—The TOOTHBRUSH should be small rather than large.
(The bristles set far apart in rows.)

B—THE METHOD OF BRUSHING is the vertical rotation of brush from gum to biting edge.

C—THERAPEUTIC BRUSHING is indicated in unhealthy mouths. (The dentist is consulted for method.)

D—

IMPORTANT EXAMINATION
REPAIR
PROPHYLAXIS
thorough cleaning
and polishing of
teeth.

E—TOOTHPICKS never.

F—DENTAL FLOSS used carefully.

No. 3

Malnutrition of the Mother caused by—

- 1—Improper diet.
- 2—Lack of dental care may affect the child by—

a—Actual loss of tooth germ in the child's jaw.

b—Imperfect development of tooth substances or enamel covering of the baby teeth.

(Such teeth are readily attacked by caries and may crumble away before the second teeth are erupted).

c—Malocclusion.
(Wrong position of the baby teeth.)

Page 1315

Prenatal**No. 1****PRENATAL INFLUENCE AND ITS EFFECT ON TEETH**

1—The condition of the Mother's teeth and the development of the teeth of the child is directly dependent upon nutrition.

A—Pregnancy takes no special diet.
B—Over-eating is harmful.

C—The most approved diet consists of little meat, a comparatively rich allowance of proper vegetables and fresh fruit daily.

D—Little or no candy or pastry.

E—Soft, pappy foods are not desirable.

F—Coarse breads are preferable.

2—The thorough mastication of all solid food is necessary for health and good teeth.

A—Special attention should be paid to the mastication of starch foods.

B—Chewing liquifies starch food in the mouth and converts it into energy producing sugars.

C—Foods thoroughly mixed with saliva are more readily attacked by the digestive juices of the stomach and small intestines.

No. 2

The frsh vegetables to be freely recommended during pregnancy are:

Lettuce	Brussels Sprouts
Spinach	Lima Beans
Swiss chard	Carrots
Peas	Beets
String Beans	Celery
Tomatoes	Asparagus
Onions	

To be eaten sparingly or not at all:

Cabbage	Parsnips
Egg Plant	Cauliflower
Cucumbers	Green peppers
Radishes	Navy Beans
Corn	

No. 3

Fruit is very important in the diet of the pregnant woman because—

A—Fruit furnishes necessary mineral salts.

(For Mother, for unborn child.)

B—It increases the fluid intake.
(Two quarts of liquid are required per day by the average adult. Three quarts are desirable for the expectant mother.)

C—It stimulates a flow of saliva so necessary both as a digestive juice and as nature's mouth wash.

(For the latter reason fresh fruit makes an ideal dessert as well as a beginning for a meal.)

D—It inhibits the growth of bacteria in the mouth.

Page 1316

Birth to Two Years**No. 1**

From birth to six months the baby should be breast fed.

A—After three months orange juice or tomato juice should be given in addition.

B—From six to twelve months solid food should be given gradually such as—

Well cooked cereals

Broth

Zwieback or toast

Cooked fruit

Baked potato.

C—The age of weaning is from nine to twelve months.

(According to nature's plan of tooth eruption.)

D—After the teeth are erupted orange juice and stewed apple or scraped raw apple help in tooth cleaning.

No. 2

All new food should be given in small amounts and added to the diet gradually.

From one to two years a child may have—

A—Spinach	Califlower
	Carrots Asparagus

B—	Peas String Beans	Celery Onions
	Cooked	Apples Prunes Apricots Pears Peaches.

- C—Tea and coffee have no place in a child's diet.
- D—Fried foods should never be given.
- E—Scraped meat and bacon given in small quantities—more freely after the fifteenth month.
- F—No eggs nor food containing eggs until twenty-first month.
- G—No food between meals.

No. 3

Care of the Infant's Mouth.

- A—The mouth of the healthy infant should be left alone.
- B—Care should be given the mother's breast instead of the infant's mouth.
- C—As soon as the teeth appear they may be cleansed by the mother with soft sterile gauze wound around her finger.
- D—A small brush may be used even as early as two years.
- E—Allow the child to watch the cleansing process in a hand mirror—thus arousing his interest.

Page 1316

Birth to Two Years

No. 1

LACK OF CARE MAY RESULT IN—

- A—Caries (decay)—caused by action of bacteria on food particles left on the teeth.
- B—Toothache caused by caries.
- C—Loss of masticating power. Results in malnutrition.
- D—Malocclusion of second teeth due to early loss of baby teeth.
- E—Pulpless (commonly called dead) teeth if infected make the child more susceptible to the diseases of childhood by lowering his vitality.
- F—Abscessed teeth.

No. 2

Teach the babe the habit of

thorough mastication of food, for upon this depends—

- A—Good flow of saliva so necessary for digestion and as nature's part in the cleansing process of teeth.
- B—Normal baby growth.
- C—Normal muscle and bone development of jaw.
- D—Proper eruption of teeth into the arch (cutting).
- E—Normal development of the coming teeth.

No. 3

DEVELOPEMENT OF THE INFANTS MOUTH

- A—From six to seven months—upper and lower incisors.
- B—About one year—first baby molars.
- C—About fifteen months—cuspid teeth—(eye-teeth).
- D—A child has as many baby teeth as he has fingers and toes.
- E—Normal healthy children free from pernicious habits have perfect occlusion.
- F—Malocclusion of the teeth should be noted early. The uppers should always bite over the lowers.

Page 1317

Two to Six Years

No. 1

CARE

By the child—

- a—Thoroughly brushing morning and night with midget brush.
- b—Brushing of the mouth and tongue.
- c—Vertical rotating method from gum to biting edge. Vigorous polishing of chewing surfaces.

By the Dentist—

- a—Frequent prophylaxis.
- b—Timely repair of small cavities and protection of the deep grooved teeth from the time the baby teeth are all erupted until the time of natural loss.

By the Mother or Nurse—

- a—Interesting the child in the brushing of his teeth.

- b—Praising him for results.
- c—Explaining the why of tooth care to him.

No. 2

MASTICATION

The thorough mastication of food by the child of preschool age is of particular importance.

- A—For nutritional reasons.
- B—Because this is the habit forming age.
- C—Because it is the great growth period.
- D—Because good sound healthy permanent teeth cannot be had without exercising ALL OF THE MUSCLES OF MASTICATION.
- E—Even skull development is partly dependent on the mastication.

No. 3

DEVELOPMENT OF THE MOUTH AT ABOUT SIX YEARS

- A—At about five years spaces appear between the teeth.
This is to accommodate the larger permanent teeth.
- B—At about six years appears the *SIX YEAR MOLAR*.
 - a—It does not replace any baby teeth.
 - b—It comes in back of the baby molars.
 - c—Is the first permanent tooth.
 - d—Often mistaken for a temporary tooth.
 - e—Very properly called the "key-stone of the dental arch."
 - f—Carries on mastication during the replacement period of the first teeth.
- C—At this time or soon after, first the lower then the upper baby incisors begin to loosen, to make room for the permanent incisors.

**Page 1317
Two to Six Years
No. 3**

DEVELOPMENT OF THE DENTAL ARCH

- A—Pernicious habits—
Thumb sucking
Finger
Tongue
Lip
Pacifiers.
- B—The Mouth Breather—Usually caused by adenoids.
- C—Diseased Tonsils—Deformities which show up in later life.
- D—Loss of six year molar—
Above deformities are all preventable.

**Page 1317
Two to Six Years**

No. 1

CEREALS—

- | | |
|---------------------------------------------------------------------------------------------------------------------|----------|
| Any wheat cereal | Rice |
| Oatmeal | Cornmeal |
| Cream of barley. | |
| Served with sugar and whole milk. All Cereals should be cooked at least two hours and be stiff enough to be chewed. | |

BREADS—

- Plain or toasted with butter.
- With poached egg.
- With milk.
- With fruit sauce.
- Bread pudding.
- Use wheat bread 24 hours old.

FRUITS—

- | | |
|------------------------|--------------|
| Orange juice and pulp. | |
| Cooked apple | Dried prunes |
| Dried apricots | Dried pears |
| Canned peaches | Canned pears |

No. 2

DIET CONTINUED

VEGETABLES—

- | | |
|--------------------------------------------|--------------------|
| Spinach | Tomatoes |
| Carrots | Asparagus |
| Califlower | Baby lima beans |
| Peas | Green string beans |
| Baked potatoes | |
| No uncooked vegetables, cucumbers or corn. | |

MEAT, 1 Oz.—

Beef	Fresh whitefish
Lamb	Bacon
Chicken	
No cured or salt meats except bacon.	

BEVERAGES—

Milk, 1 pint daily.

DESSERT—

Bread or rice pudding.
Plain Blanc Mange.
Fruit sauce (as suggested).
Custard.

Page 1319

Six to Sixteen Years**No. 1**

The child of school age may partake of the plain wholesome diet of the average family table.

With the following exceptions:

- A—No coffee or tea.
- B—No cured or smoked fish.
(Highly indigestible.)
- C—No pork or other rich meat; no salad dressing.

These foods destroy the appetite for plain food.

D—No pastry.

E—No candy or intense sweets between meals.

They are appetite destroyers.

Unquestionably candy is the enemy of perfect teeth.

Don't bolt food, eat slowly and chew thoroughly.

No. 2

The development of the mouth from the sixth to the sixteenth year.

THE ERUPTION OF THE PERMANENT TEETH

- A—From six to eight years—the incisors and first or *six year molars*.
- B—From nine to twelve years—the BICUSPID TEETH.
- C—From twelve to thirteen years—the SECOND MOLARS.
- D—From eleven to thirteen years—

the CUSPIDS (EYE TEETH).
E—The wisdom teeth erupt at sixteen or later.

F—The full dimensions of the adult mouth are attained after eruption of twelve year molars, only slight length added by wisdom teeth.

No. 3**ROUTINE CARE**

- a—Use a small toothbrush. Bristles should be set far apart in rows.
- b—Brush with vertical rotating movement from gum to biting edge.
- c—Therapeutic brushing is indicated in unhealthy mouths. Consult dentist for method.
- d—Brush mouth and tongue thoroughly.
- e—Never use toothpicks.
- f—Use dental floss gently.
- g—Use tooth powders and pastes that are free from grit. Lime water and salt water makes good mouth washes.
- h—Keep temporary teeth in good repair until the time of natural loss.

Page 1319

Six to Sixteen Years**No. 1****TEETH STAINED WITH DISCLOSING FLUID**

Teeth mould is an accumulation of bacteria which attacks teeth in as destructive a way as fruit mould rots fruit. Tooth mould produces two fluids—

A—A Waste—

a—Acid Waste fluid dissolves the hard line from the teeth, making a cavity.

B—A Digestive Fluid—

a—Reduces the non-hard substance to fluid and dissolves the gum and bone to pus.

This condition is commonly called pyorrhea.

The amount of mould is

greatest on the necks of the teeth and protected surfaces between the teeth. This explains why pyorrhea is so common.

No. 2

Lack of care may cause premature loss of either temporary or permanent teeth which in turn may cause

- a—Loss of masticating power.
- b—Malocclusion.
- c—Caries (decay).
- d—Pyorrhea.
- e—Death of pulp resulting in infected and abscessed teeth.
- f—Nervous irritability. Incorrigibility.
- g—Poor scholarship. Lower moral standards.
- h—

Disease	heart
	rheumatism
	kidney
	stomach and intestinal
	tuberculosis.

No. 3

The sixteen year old mouth is the development of the adult mouth.

The grinding power of human teeth is 250 pounds to the square inch.

The grinding power of artificial teeth is 30 pounds to the square inch.

Page 1324

Mississippi State Board of Health and Mississippi Dental Association Co-operating

Watch those first teeth.

The best of friends fall out.
—Don't let your teeth do it.

Wipe "bad teeth" off your slate.

How can we expect people

to care for their teeth unless they know?

Your teeth are your wealth.
How much are you worth?

Soft foods do not furnish healthful exercise for the teeth.

Do your teeth do you credit?

Danger ahead!
Don't wait for a warning,
watch your teeth!

Whose teeth will you wear
in 1930?

Yours—or the Dentists?

Dental diseases prevention:
cleanliness, nutrition.

"Don't kid yourself," good
health is impossible without
good teeth.

Preventive dentistry for
children should include:

- (1) Cleaning of teeth.
- (2) Instruction of child in mouth hygiene.
- (3) Instruction of child and parent as to diet.
- (4) Attention to general hygiene.

Nine out of every ten don't
know.

Whose fault is it?

This or this?

Watch and wash your teeth!
Let your dentist watch—While
YOU wash!

Program of the State Board
of Health on Oral Hygiene:

- 1 State Supervisor on Oral Hygiene.

- 2 Direction of state's wide activities in oral hygiene under the supervision of the state supervisor.
- 3 Demonstrations on the inspection of teeth at selected points including a campaign for 100% corrective work.
- 4 Soliciting co-operation of local health agencies, dentists, teachers and parents. Teachers association in doing corrective work.
- 5 Preparation and distribution of suitable leaflets on oral hygiene.
- 6 The use of each exhibit material as may be advisable which will reinforce and contribute to the tooth success of the campaign.
- 7 Co-operation with the state department of education in securing more efficient work in the schools of the state of oral hygiene.
- 8 Lectures to schools for teachers on oral hygiene including exhibit material.

His nightmare, "Keep 'em clean."

Page 1324

Mississippi State Board of Health and Mississippi Dental Association Co-operating

Clarksdale City Schools,
white, Oral Dental correc-

tions, number of children about 1000.

Clinic of 1000 negroe school children.

Inspected by five dentists.

3,500 teeth extracted during three days.

Pictures show scenes at the clinic.

Clean mouths and sound teeth mean health.

"Living a little longer." Oral Hygiene Campaign.

Mississippi State Board of Health.

Good teeth a factor in good health.

Dental repairs require:

- (a) Extraction.
- (b) Filling.
- (c) Treatment.
- (d) Orthodontia.
- (e) Related medical and surgical work.

Result of Dental Correction Activities in the Jackson, Mississippi, Grammar Schools

	Powers School	George School	Davis School	Lee School	Pointdexter School	Galloway School
Perfect 1920 Examination..	50%	13%	32%	36%	25%	12% Average 28%
Date 100% Reached.....	11/11/21	4/13/21	3/20/21	4/18/21	1/31/21	4/18/21
Perfect 1921 Examination..	60%	26%	46%	36%	36%	10% Average 39%
100% reached date.....	10/17/22	3/15/22	All perfect but two	3/17/22	4/17/22	All perfect but one.
Number examined 1921	246	266	391	288	368	136 Total 1695

**Campaign in Clarksdale
Schools
White**

How CONDUCTED

- 1 Under supervision of County Medical Society.
- 2 Dental co-operation.
- 3 Teachers active and interested.
- 4 Mother's club re-inforcing work.
- 5 Nurse making with and talks to school.
- 6 Each room securing 100 per cent. corrections given holiday.
- 7 Competition between grades, stimulates local pride.
- 8 Co-operation and training in action secured results.

100 per cent. corrections

**WHITE SCHOOLS
YOUR SCHOOL CAN PUT
IT OVER.**

Attention! Children's teeth need:

- (A) CLEANING.
- (B) EXTRACTING.
- (C) FILLING.
- (D) TREATING.

100% correction in negro schools of Tupelo, Miss.

**Dental Correction Campaign in
Negro Schools, Tupelo, Miss.**

Result in oral hygiene campaign in the white schools of Tupelo, Miss.

Result of a dental hygiene campaign in the white schools at New Albany, Miss.

Captain — captain third grade knocks a home run for good teeth.

Captain-R-Harvard.

All good football players should have good teeth, Grade 4.

Hurrah! Our teeth are 100%

Captain, captain, remember:
Clean teeth for every member of Grade 8.

TEETH

If you have them, learn how to keep them;

If you haven't them, learn why not;

If you are interested—and of course you are—

Come get some hints from the

MOUTH HYGIENE EXHIBIT

OF THE

**MASSACHUSETTS DEPARTMENT
OF PUBLIC HEALTH.**

Iowa State Dental Board

The Iowa State Board of Dental Examiners will meet for the purpose of examining candidates for a license to practise in Iowa, at Iowa City, College of Dentistry, beginning Monday, December 11th at Nine A. M., 1922. An examination for Dental Hygienists will be given. For further information and application blanks, address,

Dr. C. B. Miller, Secy.,
726 Fleming Bldg.,
Des Moines, Iowa.

The Oregon Idea

The Oregon State Board of Dental Examiners in conjunction with the Oregon State Superintendent of Public Instruction recently conducted an essay contest in Oral Hygiene that should serve as a model for similar contests throughout the country.

An excellent selection of reference books is given. This selection is so good that I would suggest that every Oral Hygiene Committee in the U. S. A. buy these books and keep them for their own instruction.

The rules of the contest are printed in full. These rules show the result of thoughtful work and should be very useful to workers in Oral Hygiene and the schools.

Editor ORAL HYGIENE.

ESSAY CONTEST

FOR

FIFTH, SIXTH, SEVENTH AND EIGHTH
GRADE PUPILS
FINANCED BY THE
STATE BOARD OF DENTAL EXAMINERS
AND APPROVED BY
J. A. CHURCHILL

*Superintendent of Public Instruction
To the Teacher:*

The Oregon State Board of Dental Examiners conducted an essay contest through all the fifth, sixth, seventh, and eighth grades of the public schools of the state for the educational value in showing the relation between good health and good teeth. This contest had the approval of the Oregon Department of Education, since we believe that the conservation of health may be promoted through proper care of the teeth. Aside from this value, a teacher may make the contest very valuable as an exercise in language and secure through it many drills in both written and oral expression.

(Signed) Very respectfully,
J. A. CHURCHILL
Superintendent of Public
Instruction.

DENTAL HYGIENE

LIST OF SOME BOOKS IN THE OREGON STATE LIBRARY FOR CHILDREN

Ferguson, H. W.	Child's book of the teeth. 1918. World	\$.52
Tanner, M. M.	The mouth and teeth. c1914-17. Author, Portland	1.00
	FOR OLDER PEOPLE	
Backett, C. A.	Care of the teeth. 1915. Harvard	.50
Fones, A. C.	Mouth hygiene. 2nd ed. 1921. Lea	.50
	This is more technical than the rec.	
Head, J.	Everyday mouth hygiene. 1920. Saunders	1.00
Kauffman, J. H.	Care of the mouth and teeth. 1916. Rebman	.60
Marshall, J. S.	Mouth hygiene and mouth sepsis. 1912. Lippincott	.50
National Mouth Hygiene Association.	Publication	
Portland District Dental Society.	Facts and figures of the economic truth from a dental standpoint.	
County superintendents or teachers	may obtain any required number of copies of the Educational Leaflet, "The Mouth and Teeth and Their Relation to Good Health", published by the State Board of Dental Examiners, through Superintendent Churchill's office, or by direct application to Dr. W. D. McMillan, secretary, 407	

Oregonian building, Portland, Oregon.
**RULES AND REGULATIONS GOVERNING
 CONTEST FINANCED BY THE STATE
 BOARD OF DENTAL EXAMINERS UNDER
 THE STATE DEPARTMENT OF
 EDUCATION**

- I. Subjects—For fifth and sixth grades, "The teeth and their relation to good health." For seventh and eighth grades, "Health and happiness through good care of the teeth."
- II. Length—For fifth and sixth grades not to exceed 400 words. For seventh and eighth grades not to exceed 600 words.
- III. Time Limitation—All essays shall be in the hands of the county superintendent not later than (Date). The county superintendent shall transmit to the state superintendent the winning essays in each contest unit not later than (Date).
- IV. Contestants shall use legal cap paper, writing on only one side with pen and ink.
- V. The teacher shall give a series of lessons on the care of the teeth with the purpose of giving pupils material with which to work.
- VI. In each county each district of the first class shall be a contest unit. All the county lying outside districts of the first class shall be a contest unit.
- VII. Each pupil shall place the number of his school district, his grade and an essay number, given him by his teacher, at the top of each sheet on which he writes. Pupil's name should not appear on the manuscript.
- VIII. Each pupil after completing his essay shall submit a form containing the following: The name of the county in which he lives, his grade, the number of his school district, his essay number, the affirmation (I hereby declare on my honor that I have received no help from any one

in the composition part of this essay), followed by his name.

- IX. Portland Schools—The Portland schools will be divided into three zones, each zone forming its own unit for competition. Further information regarding details of the contest in the Portland schools may be secured through the office of County School Superintendent W. C. Alderson, Courthouse, Portland.

Zone No. 1—All west side schools.

Zone No. 2—All schools north of Sullivan's gulch, east side.

Zone No. 3—All schools south of Sullivan's gulch, east side.

X. Prizes—

- (a) A prize of ten dollars in each county for the best essay for fifth and sixth grades in districts of the county lying outside districts of the first class.
- (b) A prize of ten dollars in each county for the best essay for seventh and eighth grades in districts of the county lying outside of districts of the first class.
- (c) A prize of ten dollars for the best essay for fifth and sixth grades for each district of the first class in the county.
- (d) A prize of ten dollars for the best essay for seventh and eighth grades for each district of the first class in the county.
- (e) A prize of twenty-five dollars for the best fifth and sixth grade essay in the state for all districts lying outside of districts of the first class.
- (f) A prize of twenty-five dollars for the best seventh and eighth grade essay in the state for all districts lying outside of districts of the first class.
- (g) A prize of twenty-five dollars for the best fifth and sixth grade essay in the state from districts of the first class.
- (h) A prize of twenty-five dollars for the best seventh and eighth grade essay in the state from the districts of the first class.



ELIE METCHNIKOFF
Discoverer of the Phagocytic Function
of the Leucocytes

Elie Metchnikoff, the eminent Russian scientist, was born in 1845. Persistent in scientific research, in spite of the buffets of economic and physical misfortune, early a voluntary exile from his native land, he accomplished most of his work at the Pasteur Institute in Paris. In 1884, while making studies of inflammation, he demonstrated the way that the white blood-corpuscles destroy bacteria by absorbing them (phagocytosis). His ideas met with much opposition, and only after years of incessant research were they accepted; but this theory, in the hands of Sir Almoth Wright and others, led to vaccine therapeutics.

Metchnikoff also proved that bacteriolysis, the destruction of bacteria by specific lysins, can take place *in vitro* (1895); with Roux (1903-1904) he showed that the higher apes can be inoculated with syphilis. His theory of the effects of lactic acid on bacteria in counteracting intestinal poisons and prolonging life (1906) has attracted much notice and underlies the present-

day treatment of intestinal toxemia by the administration of cultures of *Bacillus bulgaricus*, types A and B, and by the use of the *Bacillus acidophilus*.

Metchnikoff's last days were filled with a great deal of physical suffering, in spite of which, however, he continued his researches up to within a short time of his death, which occurred July 16, 1916. In the notable biography written by his wife, Olga Metchnikoff, his character is described in a series of beautiful phrases.

"The mercurial, vivacious child, good-hearted, intelligent, and precocious; the young man, ardent, impetuous, passionate, a lover of science and of all that was exalted; the mature man, a bold thinker, an indefatigable investigator, eager, generous, tender, and devoted; the old man, in everything faithful to himself, but progressing in serenity, shining with an ever softer light, like a mountain peak in the setting sun; the martyr at last, eat during suffering with patience and resignation, seeing the approach of death without fear, observing it as he had observed life."

Squibb Memoranda

Department of Pedodontia

W. A. BRERLEY, D. D. S., Denver, Colorado

Contributing Editor

New Castle, Pa.



DIRECTOR, R. C.
Lutz, D.D.S.
Established
April 20, 1920.
Supported by
the School Board.

One dentist and one woman
assistant employed.

Clinic operated during school
hours, three hours a day, for
five days a week, during school
terms.

A fee of ten cents is charged
per person per year; a receipt
is given the child, and if he
needs to come again he pre-
sents his receipt. If the teacher
thinks the child is unable to
pay she writes a note to the
dentist and the work is done
free of charge.

Receipts about pay for sup-
plies.

School population approxi-
mately 8,000. About 1500
treated during year.

The clinic was furnished by
the Junior Red Cross, and was
then taken over by the School
Board. Other clinics are being
planned.

Location of clinic is in that
part of the city where it will
be of the most service.

Children are readily excused
during school hours to attend
the clinic.

Colorado Springs, Colo.

Director, A. C. Driehaus,

D.D.S., 616 National Bank
Building.

Established, 1915.
Supported by the City Health
Department

One dentist employed three
half-days per week

Four school nurses act as
assistants. Each nurse has
oversight of three to five
schools. Each nurse takes
a turn of two weeks duration in
which she helps as assistant.
During that period only chil-
dren from her schools go to
the clinic.

Service free for all patients.
School population, 4500.

Reports of Dental Clinics.

ORAL HYGIENE is pleased to
publish from time to time
reports of dental clinics which
are in successful operation.
Such reports are proving help-
ful to persons establishing
clinics. Detailed information
regarding any report can be
secured by addressing the
dental director in charge of the
clinic.

Old South Brooklyn Dental Dispensary

Location, 139 Harrison St.,
Brooklyn, N. Y.

Organized Feb. 14th, 1917.

Dentists in charge, Dr.
Charles Rupp and Dr. Howard
H. Zuelch.

Two Volunteer Hygienists
and two women assistants are

employed.

Clinic supported by private philanthropy.

Charges are made for all patients who can possibly pay, those who cannot being referred to the Brooklyn Bureau of Charities. All emergency cases that cannot pay are taken free.

In determining charges patient's income, rent and number in family are balanced and the organization or person referring them are taken into consideration.

Clinic is not self-supporting, and will not be until there are more dentists employed, as the prices are too low.

Seventeen schools with an average of about 1,000 in each school in immediate section surrounding the clinic, but service is open to all the schools of Brooklyn.

Patients treated during year, 5,510.

As nearly as possible the "follow-up" plan is adopted in treating children's teeth, beginning with the first grade.

Clinic is operated from 9 a. m. to 5 p. m. every day except Saturday, when it closes at noon, and Tuesday and Thursday evenings from 7:30 to 9:30.

We are indebted to Mrs. Natalie Holden Lander, Executive Secretary, for the above facts, as well as for the following statement:

"Our Dispensary is serving both adults and children and doing all lines of work except Orthodontia, gold crowning and bridging. We send all Orthodontia cases to New

York. We have an Advisory Board of eminent Dentists who give their services in aiding the Clinic when X-Rays or difficult extractions by gas are necessary.

"In the school work, the students of one school were instructed by the Executive Secretary from September until June on all school days during that period. Lectures were given on the care of the tooth brush and the mouth, followed by questions and a written examination. Tooth brushes were inspected and charts kept in the class rooms by the teachers. When the child was promoted the record was handed to the next teacher so there was no loss of record or time. Each month the children with 100% work completed received a prize of a tooth brush and tooth paste given by our Organization at the opening exercises. The principal gave a talk on the mouth and also the Executive Secretary. No child received this prize unless they had had their work done at our office and we had their 100% record or they had a statement from their private Dentist saying that their work was completed.

"Nutrition classes have been started in Brooklyn and we were called upon to examine the entire twenty-five children of the first class established and did 100% dental work for them. The Doctor who had charge of these children stated that it proved conclusive that Dentistry had aided his work a hundred-fold. The same

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OF
DENTAL SURGERY



A Dentist

By Cham

Cham, called Amadeus of Nol, celebrated Parisian caricaturist . 1819-1884.

This curious, colored lithograph belonged to the collection of Madame R., and was amiably intended to burlesque a member of the profession, an acquaintance of the artist, well known in Paris about 1850.

Like the chorus in the first act of Offenbach's **Parisian Life**, negroes, Chinese, Arabs, Turks, Cossacks, could say:

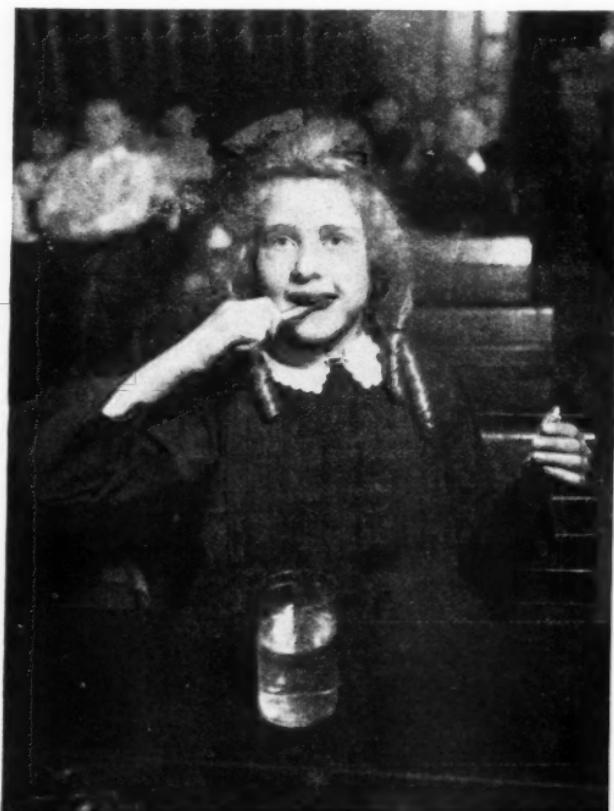
.....we come

From every country in the world"

to marvel at the apparatus which the Dentist is displaying to the admiration of everybody.

Le Semaine Dentaire

A Still Movie



A clean sweet mouth
Has this girl from the South
She is happy and healthy and gay.
On her brush she puts paste
That is pleasant to taste
And brushes her teeth the right way.

It is up and then down
As she has been shown
So the bristles work in and then out.
The dentist says haste
Is sure to make waste
Proper brushing puts microbes to rout.

R. P. M.

He Brought His Teeth With Him



MOST of us stick around six months or so after our arrival upon this troubled planet, waiting for our first tooth to erupt.

Here is a baby whose mother and a few other observant witnesses claim was born with twelve teeth, fully erupted.

His name is Louis, that is his front name. A good middle name for him would be Dentition, and his last name is

Flores, which means flowers.

The photograph was tactfully posed to show Louis' teeth only; his left sleeve is raised to hide mother's mouth and to prevent her showing her own teeth, if any.

Here is a kid with a clear handicap of six months in physical development. If he can keep six months ahead of the game all through life, he can die six months earlier and save his last life insurance premium.

The Lay of the Troubled Golfer

His eye was wild and his face was taut with anger and hate and rage,
And the things he muttered were much too strong for the ink of
the printed page.

I found him there when the dusk came down; in his golf clothes
still was he,
And his clubs were strewn around his feet, as he told his grief to me:
"I'd an easy five for a seventy-nine—in sight of the golden goal—
An easy five and I took an eight—an eight on the eighteenth hole!

"I've dreamed my dreams of the seventy men, and I've worked
year after year,

I have vowed I would stand with the chosen few ere the end of
my golf career;

I've cherished the thought of a seventy score, and the days have
come and gone,

And I've never been close to the golden goal my heart was set upon.
But today I stood on the eighteenth tee and counted that score
of mine,

And my pulses raced with the thrill of joy—I'd a five for a
seventy-nine!

"I can kick the ball from the eighteenth tee and get this hole
in five,

But I took the wood and I tried to cross that ditch with a
mighty drive—"

Let us end the quotes, it is best for all to imagine his language
rich—

But he topped that ball, as we often do, and the pill stopped in
the ditch;

His third was short and his fourth was bad and his fifth was off
the line,

And he took an eight on the eighteenth hole, with a five for a
seventy-nine!

I gathered his clubs and I took his arm and alone in the locker room
I left him sitting upon the bench, a picture of grief and gloom;
And the last man came and took his shower and hurried upon
his way,

But still he sat with his head bowed down like one with a
mind astray;

And he counted his score card o'er and o'er and muttered this
doleful whine:

"I took an eight on the eighteenth hole, with a five for a seventy-
nine!"

By EDGAR A. GUEST.

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Guest's publishers, The Reilly & Lee Co.)*

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— OF —
DENTAL SURGERY.

The Charge of the Undismayed

Considering how recently most dentists who play the game, have taken up golf, perhaps these verses (author unknown) will appeal more strongly to the profession than the classical verses of Edgar Guest, published on the opposite page.

Editor ORAL HYGIENE

Sandhill to right of him,
Sandhill to left of him,
Sandhill in front of him,
Lifted its dunder-head:
Jeered at with hoot and yell,
Fiercely he smote and well,
There in that torrid hole,
There in that sandy hell,
Score half-a-hundred.

Bright flashed his iron bare,
Flashed as it whirled in air,
Whacking the wee ball there,
Charging a bunker, while
All the world wondered!
Wrapped in a sandy shroud,
Deep in the earth he ploughed:
Golfers and caddies
Watched till the battle-cloud
Parted and sundered,

Then he took breath, and the
Score was a hundred!

Sandhill to right of him,
Sandhill to left of him,
Sandhill in front of him,
Lifted its dunder-head:
Jeered at with hoot and yell,
Yet he of whom we tell,
He who had whacked so well,
Came from that torrid hole,
Out of that sandy hell,
All that was left of him,
Score at two hundred!

When can the marvel fade?
O the brave score he made!
All the world wondered.
Honor the pluck displayed!
Honor the score he made,
Noble two hundred!



The Fool Killer Asleep at the Switch

By C. EDMUND KELLS, D. D. S.

PHOS Chicago boys sure have good memories! Last year, when in Milwaukee, while a crowd of us were having a pleasant little chat, Fred Molt said, "Remember, Eddie, that Chicago meeting when you brought an unopened letter from a patient?" "Remember? Well, after I have forgotten everything else in the world, my dear boy, I'll still remember that, all right. Were you there?" "Sure" said he. "What about all this?" said one of the fellows. "Shall I tell it?" said Fred. "Sure, don't let them miss it." So Fred related the pathetic incident and called it a *joke!* Joke nothing—a tragedy it was to me.

And now comes friend Skiff (page 1477, October ORAL HYGIENE) and commends the incident. Well, I'm glad he looks at it in that light.

Some people are born to trouble; others have trouble thrust upon them; and then there are certain others who, not being satisfied with the trouble they are born with, and that which is thrust upon them, go all the way to Chicago and scramble for more. That's my class. No "smoke screen" was carried with me, either. I went right into the open and—

well, I got what was "coming to me," so I couldn't kick!

The funny part of it all is that, as a rule, I never am sure of anything as far as I am concerned. I always tell a patient before tackling a pulpless tooth, "Opening into this tooth may *start something* and in the end you may lose it." I always have and always will tell my patients that, and yet, during a temporary brain storm, I deviated from my usual course upon this occasion in Chicago, went up amongst the clouds, "hit a hole in the air" and—well, Skiff has told you the rest.

To pass over this harrowing experience and revert to "Why Not", let us remember that the practice of immediate filling of putrescent root canals is built upon the most scientific reasoning. It is not original with me. As far as I know, Cassius M. Richmond *discovered* the principle. Heaven bless him for it!

Taking one hundred diseased roots as they come, some with sinuses, some with blind abscesses, others with just plain putrescent pulps, it is believed to be no more possible to cure the whole one hundred than it is to make one hundred per cent successes in any line. Should one, by chance, save

DENTAL SURGERY.

that first hundred, he must expect to lose double the quota in the next hundred.

All I have ever maintained, and do maintain at this date, is that, *as far as I am concerned*, I had better results after adopting this *immediate* process than I had had previously when using the "endless chain" treatment method. That's the point—*better* results, not perfect results.

Fifteen years ago, the Chicago men were treating putrescent pulp canals for weeks and weeks. To-day many of them only give such teeth two or three treatments. Mark my words, the time will come when they will reduce these treatments from two or three to one and *get just the same results.*

These Chicago boys were true sports all right. After "doing me up good and brown," (only one man in the whole room had the nerve to say a word in favor of my paper) they invited me again several years later. Can you beat that! I ACCEPTED. I went to their great February—or was it January?—Clinic, and presented another paper on **IMMEDIATE ROOT CANAL FILLING.** (I do not recall taking any unopened letters with me this time, however)

Three years ago, after forty-one years of rather strenuous practice, I gave up general practice and decided to confine myself, during my few remaining years, to X-ray Diagnosis and Minor (minorest kind of) Oral Surgery.

What happened? Patients came to me—old patients and new—saying, "Dr. So and So says this is a dead tooth and must be extracted." Nine cases out of ten, I would say, "Your dentist is rather careless in the use of his language. That is a good, live tooth, but it happens to have a dead pulp in it, and my advice is to have the root canal filled in an *attempt* to place it in a healthy condition."

To "cut a long story short," as the saying goes, to-day I find myself *attempting* to fill root canals, and thus restore diseased roots and apical areas to normalcy for patients who want to save their teeth and whose dentists refuse to do this work for them. Not only are they coming from this city, but from the adjoining states all around.

I would much prefer to do interesting root canal work than every day uninteresting dental work. I become engrossed in a difficult case and forget, for the moment, the horrible episode Skiff has reminded us of. The "fee" should not be the only thing to be considered in one's daily work, and so when patients appear to be truly grateful for the preservation of their teeth, which were condemned to extraction, and really appreciate one's efforts in their behalf, it adds a whole lot to the satisfaction of the "day's run."

Doesn't it seem really worth while when a new patient comes in and says, "My doctor

says you are not given to extracting teeth if there is any chance for them, and I would like mine saved?"

To my mind, the root canal problem is the most important dental problem of the day. Our good people are getting tired of having their perfectly good and live pulpless teeth extracted, only to be replaced in many instances by most unsatisfactory substitutes, no matter by whom they are made.

It is the duty of the dentist to perfect his root canal technic and learn to fill root canals to, or very nearly to, their ends, and *never* protrude the fillings if possible. He cannot do this with a liquid like Chloro-percha; he must use a solid—orange wood, Iridio Platinum wire or gutta percha points for instance—in combination with an *antiseptic cement*.

Seeing, as has been explained, that I was evidently "in for" root canal filling, whether or not, and its attendant troubles, instead of a life of ease, a great deal of time has been spent, quite recently, upon experimental study of the sub-

ject, and I just wish I had those who are interested in this work in my laboratory for an hour to show them certain results there obtained, but, for lack of space and for other reasons, these things cannot be gone into in such a paper as this. All I can say is, "Get busy boys, fill root canals, preferably by the common sense immediate plan, but if not by that, then by the endless chain or any old plan, if you will. It matters not *how* you do it, just so you do it well. Save your patients' teeth and earn their gratitude, and have the satisfaction of knowing that you are rendering those who trust you a real service; and if this paper will help a little towards that end, then I can thank Dr. Skiff and Editor McGee for their kindly encouragement.

I forgot to say that when that lively Chicago meeting was over, I looked out of the window, and guess what I saw? Well, there at the corner was the "fool killer" with his big club *evidently waiting for some one*, but glory! he was "fast asleep at the switch," so I slipped safely by.



Organization that opened the first nutrition class has now established four others, and we are caring for the children in each one of them.

"A number of factories have asked us to examine their employees along with other exam-

inations such as tubercular and cardiac cases, showing that the employer is realizing the great necessity of having the mouth in good condition in order to receive the work that he should from his employees and save his time as well as their's."

A Popular King at a Dental Meeting



His Majesty, Alfonso XIII, King of Spain, attending the opening of the "Congresso International de Odontologico" which is the International Dental Congress at its bi-ennial meeting this year in Madrid.

Dr. Truman W. Brophy and several other distinguished Americans were in attendance.

In this connection it is very interesting to recall the history of the hereditary Hapsburg jaw. King Alfonso is the head of the junior line of Hapsburgs—now that the senior line is out of business, he is the senior.

Since the time of the Emperor Charles of the Holy Roman Empire, the prognathous jaw of this ruling family has attracted the attention of anatomists and pathologists, particularly has it attracted the attention of the orthodontist.

And we here find that the dentists are attracting the attention of the Hapsburgs—which is only fair play.

The mystery of physical and mental heredity has not yet been solved but royal families with their carefully compiled records and their portraits and statues for hundreds of years are of the greatest importance in the studies of eugenics.

When the question is asked, of what use is royalty, here is one answer at least—the study of human heredity.

Correspondence

ORAL HYGIENE will welcome articles for publication giving accounts of clinics and lectures that will answer the questions raised by these first two letters. We have many such inquiries and constantly need new information.

Dental Decay Can be Prevented

Editor, ORAL HYGIENE:

One year has passed since we began our work of preventing dental decay by means of oral prophylaxis. We feel that our work has been a complete success. Forty-six children under observation and treatment have developed a total of only eight new cavities during the year, and these eight cavities were in the mouths of six children; the others have a perfect score. Six of these cavities were the result of disobedience on the part of four children.

Our statistics show that the average child between the ages of six and twelve develops from four to six cavities per year. The fact that forty-six children under prophylactic treatment have developed a total of only eight cavities during the year is a most convincing argument in favor of oral prophylaxis.

At the beginning of this service, these forty-six children had a total of one hundred and sixty-four cavities in their permanent teeth, and since only eight new cavities developed during the year, we have reduced dental decay in the mouths of these forty-six children about ninety-five per cent.

Evaline Hart, Dental Hygienist.

September 20, 1922.
Bennettsville, S.C.

Robert L. Spencer D.D.S.

Editor, ORAL HYGIENE:

I am writing you for information and help. The local dental society has been requested by the Y. M. C. A. vocational board of this city to furnish them with a number of speakers to appear before their several groups during the coming winter. There will be, possibly about eighteen or twenty of these meetings to be addressed and the character of the audiences are shopmen, ten-cent store and large department store employees, etc.

As chairman of the committee for arranging for these lectures, am writing you for any information that you may be able or see fit to give me. The committee feel that the one thing to put across as far as possible, is the importance of regular dental examinations. What would be your advice as regards the use

of the stereopticon? The time given for this lecture will be limited to twenty minutes. I think that you probably can gather from what I have written, about what we are seeking.

Yours fraternally,

FRED W. WEBSTER, D.D.S.

VICTORIAN STATE DENTAL COUNCIL

454 COLLINS STREET,
MELBOURNE.

Editor, ORAL HYGIENE:

The Victorian State Council of the National Dental Association of Australia is anxious to secure all the information possible in regard to the education of the public on dental hygiene and kindred matters.

The council would be very grateful to you if you would supply them with any literature or information with respect to this important question, particularly in regard to the subject matter of the recent post cards which were circulated in the United States and also a series of articles by yourself which appeared in *ORAL HYGIENE*.

Thanking you in anticipation.

I have the honor to be, dear sir.

Yours very truly,

E. JOSKE

Hon. Secretary, V. S. D. C.

Editor ORAL HYGIENE:

I read the little ditty entitled "Did You Ever" and thought how often the same things had happened to me, with one exception, and that is the unsatisfactory dentures without the fee in advance. I never ask for a cent in advance for a denture and have no trouble.

I tell the patient what the denture will cost and tell him to wear the case a couple of weeks and if it is worth the fee, to pay me and if they are not to hand them back and bid me good bye. I get a far larger fee for my cases than the other men here.

I reason it this way, if you ask for a fee in advance you are confessing to the patient that you are afraid of the result and are taking no chances. I have been making all my dentures on this agreement for three years and have had but two returned to me. I realize that if bridge work or any other work in the mouth were as little understood and as sadly abused as denture work we would have to ask for all our fees in advance.

If you know what you are doing and why you are doing it, denture work is as certain of a definite result as inlay work or

any other branch of dentistry. Some of the things told patients about denture work a crime, due to no other thing than the gross ignorance of the dentist who is well aware that he can't make a satisfactory denture, so he tells them any old appeasing tale he can think of, that is if he has their money. The patient in desperation accepts what he thinks is a raw deal from the fates when the raw deal is from the dentist.

The remedy is simply to learn to make *dentures* and, quit making *plates*. If you can't learn to make a denture or don't care to, be honest with your patient and send him to some one who can, or at least be frank and honest. Don't ask them to pay for something before they get it.

Respectfully yours,

Editor, ORAL HYGIENE:

In reference to your article on page 20 of **ORAL HYGIENE** listen to this: Staten Island, a suburb of New York City, just a speck on the ocean, and considered by many the last place on God's earth to live, let alone to practice the art of dentistry, boasts of the following:

Each dentist has in his possession a black leather-covered loose leaf ledger, alphabetically arranged, with the inscription in gold letters, "Credit Guide, Richmond County Dental Society". Upon its pages are printed the names of all persons who have, at some time or other, within the past ten years, "beat" the dentist. These names are forwarded to a dentist known as the credit man, and he immediately notifies the society members, who in turn add the new name in its proper place in their books.

In this way the records are always kept up to the minute for reference. Likewise when collection has been effected, the members are notified to make the necessary change. In this way we safeguard against losses. This was suggested, and carried out some five years ago.

Are we asleep? You tell 'em.

Member of Richomnd County Dental Society.

American Institute of Dental Teachers

The Thirtieth Annual Meeting of the American Institute of Dental Teachers will be held at Creighton University, Omaha, Nebraska, Hotel Fontenelle headquarters, January 22, 23, 24 and 25, 1923.

A cordial invitation is extended to all persons interested in dental teachings. A. H. HIPPLE, D.D.S., *President.*

ABRAM HOFFMAN, D.D.S., *Secretary,*
381 Linwood Ave.,
Buffalo, N. Y.

A Scenario of a Man Having His Teeth Filled

By J. P. McEOY

SCENE:

Man sits back in chair and eyes weird assortment of tools with queezy feeling in the solar plexus.

Dentist begins to arrange curious tools.

Pries man's mouth open and looks down into it.

Shakes his head mournfully.

Picks out particularly vicious looking post-hole auger.

Bears down on drill and meanwhile carries on benevolent conversation.

Beautiful girl caddy hands him another fistful of wicked drills.

Tries them all out.

Finally gets down to nerve.

Bores all around it with great glee.

SCENE:

Dentist seems surprised that man has feeling in nerve.

Beautiful girl caddy hands him enormous chisel and hammer.

Dentist takes it absently and begins excavating gum around nerve.

Nerve now all exposed.

Dentist picks it up and strokes it with sandpaper.

Drops hammer on it.

Drops chisel on it.

Turns to speak to beautiful girl caddy and leans his elbow on it.

SUBTITLE: Owootch oww oww!

SCENE:

Dentist now changes tactics.

Looks around for place to hide superfluous materials.

Decides on hiding them in man's mouth.

Begins by stuffing double handfuls of cotton into open mouth.

* Follows them up with huge hunk of rubber.

Jams in three or four clamps.

A couple of mashies.

Two putters.

And a cleek.

Pries mouth open little wider and puts both hands into it.

Looks as if he were getting ready to walk in.

Begins now to jam things into booth.

Fills it full of lead, crushed rocks, bricks and plaster.

Tamps them in with enormous maul.

Crawls out of mouth and looks back at job with great satisfaction.

Goes back to desk and makes out bill.

Gets beautiful girl caddy to help him carry it back to man.

SUBTITLE: Ooooooh! Wootch!
—*Evening Public Ledger, Philadelphia*

Don't Stop

If you stop to find out what your wages will be
And how they will clothe and feed you,
Willie, my son, don't you go on the sea,
For the sea will never need you.
If you ask for the reason of every command
And argue with people about you,
Willie, my son, don't you go on the land,

For the land will do better without you.

If you stop to consider the work you have done

And to boast what your labour is worth, dear,

Angels may come for you, Willie, my son,

But you'll never be wanted on earth, dear!

—Rudyard Kipling.

An Appreciation

Now that the work of the Dental Welfare Foundation is nearly completed, it will be of interest to the friends of this great movement to read this letter of appreciation from the man who, as president of the National Dental Association, was in close touch with those who labored for the success of the post card campaign.

This most earnest and most truly unselfish effort to tell the public what dentistry means to them, marks an epoch in the relations of those who make and those who use dental supplies and shows that their ultimate object, which is the benefit of the people, is the same.

Editor, ORAL HYGIENE.

B. B. Geddes, D. D. S.

J. P. Merrick, D. D. S.

Drs. Hartzell & Hartzell

Thomas B. Hartzell, M. D., D. M. D.

715 Donaldson Building

Minneapolis, Minn.

August 3, 1922

**Mr. Linford Smith,
645 Liberty Ave.,
Pittsburgh, Pa.**

My dear Mr. Smith:

I am writing this letter to you to thank you for your unfailing courtesy, patience under stress and kindness to me personally, during this past year's work which has not been easy for either one of us.

I believe your conduct of the Welfare Foundation was as fair, clean and businesslike and as strictly ethical as it was possible to make it. The few untoward circumstances that were the result of work of people over whom you had no control in no way influenced me and I believe that if the financial status of the country had been normal, that your plan of publicity would have succeeded beyond your expectation.

With kindest regards, I am,

Sincerely yours,

(S) Thomas B. Hartzell.

EDITORIAL

REA PROCTOR McGEE, D.D.S., M.D., *Editor*
212 Jenkins Building, Pittsburgh, Pennsylvania

The Editor welcomes manuscripts and will take best possible care of any submitted, but cannot be held responsible for them. Manuscripts should be accompanied by self-addressed stamped envelopes. Typewritten manuscripts are preferred and should be double-spaced and written on one side of the paper only.

Sir Charles Valadier on Dento-Alveolar Traumarthritis



CCASIONALLY there are papers written that mark an epoch in the course of events. These epoch making statements do not need to be wholly new or revolutionary in the presentation of the subject, but they may be and usually are a masterful summing up of previous knowledge with the very important addition of advanced thought so that the whole idea, as presented to the mind of the reader, is a distinct forward step in the subject treated.

Such a paper will be presented in the December issue upon the cause and treatment of Pyorrhea Alveolaris by Sir Charles Valadier of Paris, France.

For seventeen years Sir Charles has been endeavoring through the Pasteur Institute of Paris to find a more successful method of treatment for Pyorrhea. The

first step was to definitely establish the cause of the disease.

His research has convinced him that our present name is obsolete, and that the name Dento-Alveolar Traumarthritis would be a clear definition as well as a really appropriate term for the description of this most persistent disease.

This paper will bear several readings. If you already know all about Pyorrhea, read it so that you will know that you know all about it, and if you are like the rest of us, groping in the dark, looking for light, read it and you will begin to feel the light rays penetrating your mental retina.

The Dental Division of the U. S. Public Health Service



THE United States Public Health service is very much interested in a re-organization bill which carries with it the authority to organize a permanent Dental Corps.

If this corps or division is established, dental officers will be detailed to the several divisions of the bureau to work with the various divisions and report all findings affecting the practice of dentistry and problems of the mouth to their chief

for dissemination to the dental profession and the public.

There are many reasons why the Dental Division of the U. S. Public Health Service should be established and no reasons why it should be discarded. Here are a few of the many uses for Dental officers in public health work:—

1. A number of dental officers should be trained to lecture on oral hygiene to school children and parents, boards of education and local boards of health, as well as demonstrate in the schools the care of the teeth and the necessity of dentistry and dental education to pupils from six to ten years of age.

2. A few dental officers should be taught the use of the industrial clinic, which has proven itself of economic value, that they may be able to furnish the corporations and large business houses detailed information regarding expense of installation and management of dental clinics and their economic value to the institution in conserving the health of the employee and the saving of time.

3. A dental officer may be detailed to the Hygienic Laboratory to work out any problem in oral pathology or bacteriology for the dental profession. The several dental clinics will do research work along mechanical lines and test out instruments, supplies, and medicaments advertised for sale to the dental profession.

4. Dental officers may be assigned to immigration stations, coast guard sta-

tions, or to boards of health of foreign countries for the study of mouth diseases and mouth conditions, and report their findings.

5. The headquarters of the Dental Division in the Bureau at Washington, D. C., will compile this information received from its different activities, and be able to furnish same to the dental profession or to the public.

It is impossible to promote the physical welfare of one person of the nation without considering the best interests of the whole body. If every part of the human organism receives skilled care, there will be a rational well-balanced physical advance, but if one important part is neglected, the percentage of failure to produce satisfactory results in any considerable number of patients will be very great.

The diagnosis and treatment of mouth conditions is so intricate that only a dentist can do the work. The mouth is one of the most important areas in the body, consequently to get uniform results, the dentist must do his share.

Metchnikoff

If the leucocytes were to strike and no longer cleanse our blood stream of enemy phagocytes, we would all quit practising dentistry and also quit living.

The picture and sketch of the great Metchnikoff, late head of the Pasteur Institute, is published in this issue to impress again upon our minds the memory of one of the greatest practical and scientific men who has ever lived.

Platinum

NOW that coal is almost as expensive as platinum formerly was—there is a bill in Congress, or rather an amendment to a bill introduced by Senator Poindexter, placing a duty of \$30.00 per ounce on platinum ore and \$50.00 per ounce on platinum unmanufactured or in ingots, bars, sheets or platinum scrap.

There is practically no platinum produced in this country and if the present prohibitive price is to be greatly increased, the arts and sciences must suffer.

Platinum is necessary in the practice of dentistry. It is not right to prohibit its use by excessive tariff.

This iniquitous bill comes up for passage in November. Will the dentists of this country sit quietly by and allow themselves to be gouged again?

Root Canal Fillings

Increased interest in root canal fillings both in regard to method and material is shown by the programs of state and local meetings.

It is absolutely necessary for us to find a thoroughly dependable method of retaining devital teeth.

Every dentist should keep the most careful record of his canal fillings so that the data may be used for the general good.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back!

ALMA: "Wadda they call the French national anthem?"

MONICA: "Oh—the Mayonnaise or sumpthin'."

MARY: "I've prayed and prayed for a new hat, but I haven't got one yet."

ELIZABETH: "Why don't you try crying."

The Pekinese Pup and the Persian Cat
Side by side on a cushion sat;
Said the Persian Cat to the Pekinese
Pup:

"You're a poor sort of dog or you'd
eat me up!"

A man with a bad impediment in his speech consulted a stammering specialist. After twelve lessons he could say without hesitating: "A couple of cups of coffee in a copper coffee pot." His friends congratulated him on this achievement. "Y-yess," said the sufferer, doubtfully, "of course, it's a p-point. B-b-but I f-find it j-j-jolly d-d-difficult to w-work into a chat on t-t-turf m-m-matters or the I-Irish s-s-s-situation." — *London Morning Post*.

Down along the Miami River in Florida the natives are not usually easily scared, but one night the conversation turned to spirit manifestations and one man spoke up:

"Don't believe in them," he stated, "but I did once. One night I wakes up in my cabin and hears somethin' slooshin' across the floor. Spooks, I thinks. It was so creepy-like. Scared? Well, I reckon. But I gets the nerve to crawl out of bed an' to light a match and then I'm cert'nly plumb ashamed of myself an' I ain't never believed in spirits since.

"Why, it wern't nothin' in the world except jest a big, common, mean, sneaky rattlesnake."

—*American Legion Weekly*.

THE LARGER BOY: "I wanna tooth took out, an' I don't want gas, 'cos I'm in a 'urry."

THE DENTIST: "That's a brave young man! Which tooth is it?"

THE LARGER BOY: "Show 'im yer tooth, Albert!" — *Passing Show (London)*.

All were quiet in the cinema watching a comic character counterfeiting intoxication. The silence was broken by a small boy's shrill voice: "That ain't the way to be drunk, is it farver?" — *London Morning Post*.

FIRST CROOK: "Cheerio, old thing. Had a nice crime last night?"

SECOND CROOK: "Rather! Never in trouble all the round. That new jimmy of mine is absolutely the best club in my bag."

— *Passing Show (London)*.

A Park Avenue apartment house which goes in for funkeys, recently blossomed out with a new doorman. When a gentleman called and asked to see Mrs. Brown, the new attendant, true to his calling, detained him with the customary, "But is Mrs. Brown expecting you?"

The caller withered him with a glance.

"My good man," he said, "Mrs. Brown was expecting me before I was born. She is my mother."

— *New York Evening Post*.

One of Pasadena's society girls has a marked talent for art. She studied in Paris, and last year one of her pictures got into the Salon. This is all very well—but—

Said her mother the other day to a well-known landscape painter of Southern California:

"I don't at all object to dear Dorothy's painting, but I don't want her to neglect her social duties for it. If she paints one masterpiece a year, that's quite enough, I think."

— *Laguna Life*.

Oral Hygiene

Christmas, 1922



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